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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/566414

FILING DATE

APPLICANT(S)

CLAIMS

#	AS FILED IND.	DEP.	AFTER 1st AMENDMENT IND.	DEP.	AFTER 2nd AMENDMENT IND.	DEP.
1	1					
11	1					
TOTAL IND.	2					
TOTAL DEP.	15					
TOTAL CLAIMS	17					

PTO-1360 (REV. 11/04)

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